

Comparison of Health Plan Benefits Offered for 2006¹

Plan	SHP Savings Plan		SHP Standard Plan ³		BlueChoice HealthPlan of South Carolina ³	CIGNA HMO ³	MUSC Options ³		Medicare Supplemental Plan ³
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties Coverage worldwide	Available in all South Carolina counties, except: <i>Abbeville, Aiken, Barwell, Edgefield, Greenwood, McCormick and Saluda counties</i>	Available in these South Carolina counties: <i>Berkeley, Charleston, Colleton and Dorchester counties</i>		Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28 \$ 72.56 \$ 20.28 \$108.56		\$ 93.46 \$237.50 \$142.46 \$294.58		\$125.30 \$365.72 \$268.46 \$540.18	\$127.00 \$365.18 \$267.12 \$536.98	\$119.24 \$335.38 \$223.56 \$431.82		Refer to the premium tables on pages 10-11 for rates
	Please note that premiums for optional employer groups, such as local subdivisions, may vary. <u>To verify your rates, contact your benefits office.</u>								
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000		\$350 \$700		\$250 \$500	NONE	In-network NONE	Out-of-network \$300 \$900	Pays Medicare Part A and Part B deductibles
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%	HMO pays 80% after copays You pay 20%	HMO pays 100% after copays	HMO pays 60% of allowance You pay 40%	Pays Part B coinsurance of 20%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)	\$3,000 \$6,000 (includes inpatient, outpatient, copays and coinsurance)	N/A	\$3,000 \$9,000 (excludes deductible)	None
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copayment \$15 OB/GYN well woman exam \$30 specialist copay	\$20 PCP copayment \$40 OB/GYN exam \$40 specialist copay	\$15 PCP copay; \$15 OB/GYN well woman exam; \$25 specialist copay with referral; \$45 specialist copay without referral	HMO pays 60% of allowance after annual deductible You pay 40%. No preventive care benefits out-of-network	Pays Part B coinsurance of 20%
	No per-occurrence deductible or copayments								
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%					
Hospitalization/ Emergency Care	No per-occurrence deductibles or copayments		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$75 copay/first 3 visits Emergency care: \$100 copay HMO pays 90% after copays You pay 10% \$35 urgent care copay, then HMO pays 100%	Inpatient: \$500 copay Outpatient facility: \$250 copay Emergency care: \$100 copay	Inpatient: \$300 copay Outpatient facility: \$100 ² copay Emergency Care: \$100 copay; \$35 urgent care copay	HMO pays 60% of allowance after annual deductible You pay 40% Emergency care: \$100 copay	For inpatient hospital stays, the Plan pays: Medicare deductible; coinsurance for days 61-90; coinsurance for days 91-150; 100% beyond 150 days (Medi-Call approval required)
									For skilled nursing care, the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 or 60 days, whichever is less.
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowable cost.		Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand Out-of-pocket max: \$2,500		Participating pharmacies only (31-day supply): \$8 generic, \$30 preferred brand, \$50 non-preferred brand, \$75 specialty pharmaceuticals Mail order (Up to 90-day supply):\$16 generic, \$60 preferred brand, \$100 non-preferred brand	Participating pharmacies only (up to 30-day supply): \$7 generic, \$25 preferred brand, \$50 non-preferred brand Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand	Participating pharmacies only (up to 30-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$15 generic, \$50 preferred brand, \$80 non-preferred brand		Participating pharmacies only (up to 31-day supply): \$10 generic, \$25 preferred brand, \$40 non-preferred brand Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand; Out-of-pocket max: \$2,500

¹This table is for comparison purposes only.

²There will be no copayment for services performed at MUSC outpatient facilities.

³Refer to your 2005 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.